LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) APPLICATION FOR ASSISTANCE © Application is not complete without applicant signature on page 2.

Have you received assistance under the LIHEAP program since July 1, 2016 through any TN LIHEAP Agency? (circle) Yes Energy Assistance Crisis Assistance

No if yes, which

APPLICATION STATUS: APPROVED DENIED DATE APPLICATION RECEIVED. or Agency Office Use Only DATE APPLICATION COMPLETED:

NOTE 2: YOU MUST ATTACH INCOME DOCUMENTATION FOR EVERY PERSON IN HOUSEHOLD AGE 18 OR OLDER ◀ * NOTE 1: ASSISTANCE WILL BE DENIED DUE TO AN APPLICANT'S REFUSAL TO FURNISH ALL HOUSEHOLD MEMBERS' SOCIAL SECURITY NUMBERS AND VERIFICATION * FAMILY TYPE (check one) Mailing Address (if different from Current Address): More Than One Adult (no children) Single Person Male (no children) Single Person Female (no children) 2 Parent Household Single Parent Male Single Parent Female 🛘 🗆 tousehold Member: Household Member: Current Address: Applicant Name: lousehold Member. tousehold Member: tousehold Member. lousehold Member. iousehold Member. agency provided assistance? NAME (must provide first and last name) MARITAL STATUS LIST ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT). USE ADDITIONAL PAPER IF YOU NEED MORE SPACE RELATIONSHIP SOCIAL DATE AGE SEX (Optional to SCHOOL NUMBER BIRTH Provide) SCHOOL White, Black, School AssarPacific Bilander, Native AssarPacific DOES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? (circle) YES NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY: NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY: NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY: DECLARATION OF DISABILITY DOES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? (circle) YES OES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? (circle) YES (Please use additional paper if more space is needed) City CHY State State: DOES
HOUSEHOLD
MEMBER
RECEIVE
REGULAR
FINANCIAL
ASSISTANCE FOR
A PERMANENT
DISABILITY? Zip: 210: Y or N Y or N YorN YorN YorN O Z Y or N Telephone: Cell: S Š 중 INSURANCE HEALTH YorN Y or N YorN Y or N Y or N YorN YorN INCOME Y or N Y or N YorN Y or N YorN York YorN RECEIVE FOOD STAMPS,
SUPPLEMENTAL SECURITY INCOME,
FAMILIES FIRST CASH ASSISTANCE
[INDICATE ANY RECEIVING] (complete both pages)

SIGNATURE OF DETERMINING AGENCY OFFICIAL:	Age under 12 months Age 2 years or under Age 2-5 years Age 6-5 years Age 60-69 years Age 70 or older	To Be Completed By Agency Staff Only: Number of Houselold Members Who Are:	ASSISTANCE PROGRAM, I LINDESSTAND THAT I WILL BE NOTIFIED IN WHITING OF PROGRAM WILL BE CONSIDERED COMPIDENTIAL, UNILES OTHERWISE BATHORIZED AGE (LIHEAP). I AM THE CUSTOMER OF RECORD, THE CUSTOMER SALTHORIZED AGE CUSTOMER ORTAL AS REQUESTED BY THE LIHEAP ADMINISTERING AGENCY. 100	Applicant Certification: I CERTEY THAT ALL OF THE INFORMATION PROVIDED BY ME IS TRUE AND CORRES ANYONE WHO FRAUDULENTLY COVERS UP A MATERIAL FACT OR WHO KNOWING OR BOTH. I AUTHORIZE THE VERFECCTION OF ANY PAIN AIL UNCORRACIONO BOOM	ITLEASE ALIACH ANNUAL ENERGY USAGE DOCUMENTATION) I CERTIFY THAT THE ABOVE ACCOUNT(S) IN THE NAME OF IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS. Has your home ever been served through the Weatherization Assistance Program? Y or N	UTILITY OF ENERGY COMPANY TO RECEIVE PAYMENT: Utility Company Name: Utility Company Address: Phone #: Account #:	HOME ENERGY COSTS: UTILITY or ENERGY COMPANY TO RECEIVE PAYMENT: Utility Company Name: Utility Company Address: Phone #: Account #:	Wood Electric Fuel Oil Coat Kerosene Natural Gas L.P. Gas	÷ 1	NAME	HOUSEHOLD TOTAL INCOME (Below list Income information for applica
TOTAL ANNUAL GROSS INCOME ALL HOUSE DATE CERTIFIED:	ELIGIBLE BENEFIT LEVEL \$ % OF POVE TOTAL ANNUAL GROSS INCOME ALL HOUSEHOLD MEMBERS OVER AGE 18: \$	DATETIME TAKEN: ELIGIBLE BENEFIT LEVEL \$	ANYONE WHO FRAIDLIENTLY COVERS UP ANATERIA FACT OR WHO KNOWINGLY GIVES CLASE INFORMATION FEBURY THAT THE APPLICANT IS ETHER A LIMITED STATES CITIZEN OR A QUANIFED ALEN AS DEFINED BY U.S. C § 164(b). I UNDERSTAND THAT ANYONE WHO FRAIDLIENTLY COVERS UP ANATERIA FACT OR WHO KNOWINGLY GIVES FALSE INFORMATION FOR THE RECEPT OF LHEAP ASSISTANCE IS LIABLE UPON CONVICTION TO A FINE OF \$3,000 OR IMPRISONMENT FOR MOT MORE THAN FIVE YEARS, ASSISTANCE PROCRAM. I UNDERSTAND THAT I WILL BE NOTHED IN WRITING OF MY ELIGIBILITY STATUS. IDENTIFYING INFORMATION POR DETERMINATION OF YOUR ELIGIBILITY SOURCE PROCRAM. I UNDERSTAND THAT I WILL BE NOTHED IN WRITING OF MY ELIGIBILITY STATUS. IDENTIFYING INFORMATION BY OF DREETEN HIGHMANTON OF YOUR ELIGIBILITY SOURCES FROM THE PROVISION OF SERVICES FROM THE (HI-LEAP). I AMI THE CUSTOMERS AND ALTHORIZED IN ORDER FACILITY OF THE UNITED STATES OF THE UNITED STATES OF THE UNITED STATES. IN THE RECEPT OF THE WISS OTHERWISE AUTHORIZED AGENCY. OR AN ALTHORIZED THIRD PARTY FOR THE UTILITY SERVICE ACCOUNT IDENTIFIED IN THIS APPLICATION, AND I AUTHORIZE MY UTILITY SERVICE FROM WHICH I SEEK ADDITIONAL SERVICES. LD	CT. I ATTEST UNDER PENALTY OF PERJURY THAT THE APPLICANT IS EITHER A UNITED STATES CITIZEN OR A QUA VE GIVES FALSE INFORMATION FOR THE RECEIFT OF LIHEAP ASSISTANCE IS LIABLE UPON CONVICTION TO A FIN	PAYMENTS. Program? Y or N Are you interested in that program? Y or N			Amount of U	D PUBLIC HOUSING AUTHORITY PUBLIC HOUSING AUTHORITY	SOURCE OF INCOME WEEKLY BLAVEEKLY SEMI-MONTHLY MONTHLY	a age 18 or older). Lise addition
- And Andrews -	% OF POVERTY % OF POVERTY	TOTAL DOMATS.	ALSA VIGUER PROVISIONS OF THE LOW INCOME HOME ENERGY SLITT FOR INLEAP AND FOR THE EXPONSION OF SERVICES FROM THE ES DIRECTLY RELATED TO THE ADMINISTRATION OF THE PROGRAM ND I AUTHORIZE MY UTILITY SERVICE PROVIDER TO DISCLOSE MY DATE DATE DATE	LIFIED ALIEN AS DEFINED BY U.S.C. § 1541(b), I UNDERSTAND THAT IE OF \$10,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS,		Has your electric or gas been disconnected? Y or N Have you received a cut off notice? Y or N "If you have received a cut off notice, please attach a copy.	IF APPLYING FOR "CRISIS" ASSISTANCE, TELL US WHY?		SING/SECTION & TENANTS ONLY	THLY GROSS MONTHLY INCOME IF EMPLOYED, PROVIDE EMPLOYER'S NAME & ADDRESS	